## LIL 000 207251

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SECRETARY OF STATE
TALLAHASSEF FLORE

## . COVER LETTER

	Registration Section Division of Corporations				
SUBJE	Efficient Facilities Consulting LL	_C			
	Name of Limited Liability Company				
Dear Sir	or Madam:				
The encl	losed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.			
Please re	eturn all correspondence concerning this ma	atter to the following:			
Ivan R	. Meneses				
	Name of Person				
Efficier	nt Facilities Consulting LLC				
	Firm/Company				
12317	Wycliff Place	<u>,,, , , , , , , , , , , , , , , , , , </u>			
	Address				
Tampa	ı, FL 33626				
	City/State and Zip Code				
ivan@	facilitiesconsulting.us				
E-1	mail address: (to be used for future annual re	report notification)			
For furth	ner information concerning this matter, pleas	use call:			
Ivan R.	. Meneses at	813 426-9524			
	Name of Person	Area Code & Daytime Telephone Number			
;	STREET/COURIER ADDRESS:	MAILING ADDRESS:			
	Registration Section	Registration Section			
	Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327			
	2661 Executive Center Circle	Tallahassee, Florida 32314			
	Tallahassee, Florida 32301	i anangssee, i fonda 525 fr			
]	Enclosed is a check for the following amount:				
1	<b>2</b> \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy			

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

l. Na	Efficient Factories of the limited liability company:	cilities Consulting	LLC
l. (a)	12317 Wycliff Place Tampa FL 33626	(b) 12317	Wycliff Place Tampa FL 33626
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	11/10/2016	L160002	207251
	Date of filing/registration in Florida	4.	Document number
5. (a)	SPIEGEL & UTRERA, P.A.		
. ()	Registered Agent and Registered Office shown on the records of	of the Florida Dept. of Sta	 ste:
	Registered Office Address (MUST BE FLORIDA STREE) 1840 SW 22ND ST. 4TH FLOOR	T ADDRESS)	SECR TALLA
	MIAMI	33145	ARTA AREAS
<b>4.</b> )	Registered Agents Inc.		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office address:	
	3030 N. Rocky Point Dr.		AJE RIDA
	NEW Registered Office Address: STE 150A		_
	Tampa , F	33607 FL	_
ie cha gent v vas/we	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited by an affirmative vote of the members cles of organization or the operating agreement of the	of the registered offic liability company, it s of the limited liabili	ce and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in impany.
Signat	ture of a meproc or authorized representative of a member	<del></del>	Printed or typed name of signee
rovisi he obl o mere otified	by accept the appointment as registered agent and a ons of all statutes relative to the proper and compleigations of my position as registered agent as providely reflect a change in the registered office address, this change.	gree to act in this cap le performance of my ded för in Chapter 60 l hereby confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accep 5, F.S. Or, if this document is being filed the limited liability company has been
Signatu	re of Registered Agent		